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*	000	\ 4.1D
Form	990	

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

*}

HTA

Do not enter social security numbers on this form as it may be made public.

Open to Public

		the Treasury lue Service	▶ G	o to <i>www.ir</i>	s.gov/Form9	90 for in	structions a	nd the	latest	informa	ation.			Inspection
Α	For th	e 2017 ca	lendar year, or tax						and e					
В	Check if	applicable	C Name of organizat	tion GAY	& LESBIAN	COMMU	INITY CEN C	OF BALT	TIMOR	E	D Empl	loyer ide	ntification	number
	Address	change	Doing business as											
	Name alm		Number and stree	t (or PO box i	f mail is not deliv	ered to s	treet address)	Room/	suite		52-1112	2541		
	Name ch	lange	2530 N. CHARLI	<u>ES ST , 3RI</u>	D FL			<u> </u>			E Telep	hone nu	mber	
\sqcup	Initial ret	urn	City or town				State	ZIP co			(410) 77	77-814	5	
\Box	Final return	n/terminated	BALTIMORE				MD	2121		_	(1.0)			
జ			Foreign country n	ame	Foreign prov	ince/state	/county	Foreigi	n postal	code				700 400
Ш	Amende	d return									G Gross	s receipts	s \$	723,420
	Application	on pending	F Name and address	s of principal of	fficer				_	H(a) is th	nis a group re	aturn for si	ubordinates?	Yes X No
			MIMI DEMISSEV	V 2530 N (CHA ST, 3R	D FL, B	ALTIMORE,	MD 2	1218	H(b) Ar	e all subord	linates in	icluded?	Yes No
$\overline{}$	Tav-even	npt status	X 501(c)(3)	501(c) () ◀ (ins		4947(a)(1		527	lf'	"No," attach	nalıst (s	see instructi	ions)
		<u> </u>	W GLCCB ORG	1 001(0) (, , ,			, , , , , , , , , , , , , , , , , , , 	1					
	Website							1 ~	T		oup exemp			
<u>K</u>	Form of o	rganization	X Corporation	Trust	Association		her 🕨	1	L Yea	ar of form	ation 19	77	M State of	legal domicile MD
1	art l	Su	mmary					•						
	1	Briefly o	lescribe the organ	ızatıon's mi	ssion or mos	st signifi	cant activitie	es	TOL	JNITE A	AND SUI	PPORT	Γ THE G	AY, LESBIAN,
ဥ		BISEXU	IAL AND TRANSO	GENDER C	OMMUNITY									
Activities & Governance														
Ş.	2	Check t	his box ▶ 🔲 if	the organiz	ation discont	inued if	s operations	or dist	dosedi	() () ()	e/fban 25	5% of it	ts net as	sets
တိ	3	Number	of voting membe	rs of the ao	vernina body	(Part \	/I. line 1a)		1.45	CLI	VLU	3	3	8
ඡ	4		of independent v					Vişline	1b) .			10114	1	8
Ë	5	Total nu	mber of individua	ls employed	d in calendar	vear 20	017 (Part V.	line 2a)	\NO\	05	2018		5	10
₹	6		mber of volunteer				(,					2 6	3	
Ac	7a		related business		•		(C). line 12	1. 7	ימר	75.0	117	7	a	0
	Ь		elated business ta						761	ンにIA	, UT	7		0
	1						, <u>.</u>				Prior Yea			Current Year
a	8	Contribi	utions and grants	(Part VIII, lu	ne 1h)							498,58	80	477,999
Ž	9		n service revenue										0	22,261
Revenue	10	-	ent income (Part \	•		4, and	7d) .						0	0
Ř	11		venue (Part VIII,					e)			-	96	52	95,532
i	12		enue—add lines 8									499,54	42	595,792
) —	13		and similar amour										0	59,504
_	14		paid to or for me				-						0	0
กัง	15		other compensation					s 5–10)	1			177,58	37	289,412
၂ နူ	16a		ional fundraising f										0	0
- 4 8	b		ndraising expense						1,238					
ж Ж	17		kpenses (Part IX,									235,13	36	144,366
3	18	Total ex	penses Add lines	: 13–17 (mu	ıst equal Par	t IX, co	lumn (A), lin	e 25)				412,72	23	493,282
	19		e less expenses					•				86,81	19	102,510
Net Assets or	3									Beginn	ing of Cur	rent Yea	ar .	End of Year
Sets	20	Total as	sets (Part X, line	16)					. (133,37	79	223,638
E As	21	Total lia	bilities (Part X, line	e 26)								41,84	13	29,592
ž	22	Net ass	ets or fund balanc	es Subtrac	t line 21 fron	n line 20)					91,53	36	194,046
	art II		nature Block											
			y, I declare that I have		,	•						•		
and	belief, it i	is true, corre	ct, and complete Decl	aration of prep	arer (other than	officer) is	based on all info	ormation o	of which	preparei	r has any k			1 00
Sig	an												-29	-18
He			Signature of offi	1-1							Da	ite		
					MIMI)	Semi	SSIN							
		Prin	Type or print name an		l Dron		matura O I			LDate				DTIN
Pa	id	Frin	t/Type preparer's name	•	l Pres	parer's sig	1136	ارين	1	Date	0	Check	k 🗀 if	PTIN
		. 108	SEPH SCHMELZL	.E	14	(P4_)//	// \\/ / W	W/L	ハト	v 10/	26/2018	7		P01306688
	eparei e Only			HMELZLE	co t			\neg					-1559242	
US	e Only	,	's address ► 50 W			1 RO	CKVILLE MI	2085	2		Phone no		01) 610-9	
N.A.											rnone no	130	217 0 10-8	<u> </u>
_			s this return with t			<u> </u>	e instruction	s) \		•	•	•		Yes No
East	Panon	work Dad	uction Act Notice	see the see	aarata instru	ctions		- 1						Form 990 (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	!		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		x
_	Part III	3		 ^-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			,
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3733		1000
	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		<u> </u>
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
1_	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	 	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		_
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>		<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,.		
	If "Yes," complete Schedule G, Part III	19	990	X
		_		/AA471

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	ĺ	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		 ^- -
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		 ^-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	_	 ^-
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	202		-^- -
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-^-
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<u> </u>
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	130		_^_
٧.	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	•	-	_^_
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33	l	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
•	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	334		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	Ì
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1000		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part] }		ı
	VI	37		Х
20		"		_^_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	, l	
	19? Note. All Form 990 filers are required to complete Schedule O	_ 38]		

Form 990 (2017)

GAY & LESBIAN COMMUNITY CEN OF BALTIMORE

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		이		١ ٠
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able	_		
	gaming (gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1		. ;
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	<u>o</u>	<u> </u>	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ıle O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financ	ıal	1		
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					Ι,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Acco	ounts	•		1
	(FBAR)			<u> </u>		ي ـُـــُـــا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year'	٧		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		1? .	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions	or			
	gifts were not tax deductible?			6b		↓
7	Organizations that may receive deductible contributions under section 170(c).			1.		1 30 1 1 20 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goo	ds			ـــــا:
	and services provided to the payor?			7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?.			7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_ 	<u> </u>	11
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7 <u>g</u>	<u> </u>	—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by	the	<u> </u>		·
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		.
а	Did the sponsoring organization make any taxable distributions under section 4966?		•	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter	امدا				-
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		4	•	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv	ļ; ·	
11	Section 501(c)(12) organizations. Enter	احمما				
а	Gross income from members or shareholders	11a		⊣		• •
b	Gross income from other sources (Do not net amounts due or paid to other sources	446		' .	٠.	-:
۰.	against amounts due or received from them) .	11b	412	120		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	12b	+1'	12a	\vdash	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	•			.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	 	
а	Is the organization licensed to issue qualified health plans in more than one state? .			138	, •	
, L	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u> .		¥ 1.,
b	Enter the amount of reserves the organization is required to maintain by the states in which	126			ļ [,]	" , ', '
_	the organization is licensed to issue qualified health plans	13b 13c		⊣ : -	ľ .	10
C	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	136		14a	<u></u> -	X
4a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	∩ ماینا		14b	 	 ^-
b	ii Tes, has it hed a Form 120 to report these payments in Two, provide an explanation in Sched	uic U		1170		

Part VI

GAY & LESBIAN COMMUNITY CEN OF BALTIMORE

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part Vi	•		<u> </u>				
Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	4						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
_	committee, explain in Schedule O			,				
þ	Enter the number of voting members included in line 1a, above, who are independent 1b	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	\		اــــا				
	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		X				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following							
а	The governing body?	8a	_X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			١				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> Jode</u>		T				
40-	Did the assessment on heart shortest handbar as affiliates?	400	Yes	No X				
10a	Did the organization have local chapters, branches, or affiliates?	10a		 ^				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a								
b								
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 ^-				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		 				
·	describe in Schedule O how this was done .	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by	··						
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		<u> </u>				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
,,,,	with a taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00		1				
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	}	İ					
Sect	ion C. Disclosure	16b						
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	y)					
	available for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	ісу, аг	nd					
	financial statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•						
	CHRISTOPHER STRIETMAN 410-777-8145							
	MAILING ADDRESS.							

Form	990	(2017)
LOUITI	220	120111

GAY & LESBIAN COMMUNITY CEN OF BALTIMORE

52-1112541

Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

041 4	Officers Discontage	Turresco Var				1
Section A.	Officers, Directors	. Irustees. Net	v Emplovees	. and Hignest Col	mpensated Emp	IOVEES
~~~~~~	<b>O</b> , <b>O</b> , <b>O</b>	,,,	,	, with ingrided out	poi.ioutou Eiiip	. • , •••

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Position check more than one less person is both an and a director/trustee) Former Highest compensated (Key employee) April 1975 (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Key employee) Promer (Ke		s both an Reporta r/trustee) compens		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) JABARI LYLES	5 00		<u> </u>	<del>                                     </del>	<del>                                     </del>		$\vdash$			
PRESIDENT	0 00	×		х		•				
(2) LORENA DE LEON	5 00	<u> </u>		H			$\vdash$			<u> </u>
TREASURER	0 00	х		х						
(3) KAYLA TULLIS	5 00		T				$\vdash$			
SECRETARY	0 00	x		Х	İ					
(4) DAVID SUGAR	5 00									
MEMBER-AT-LARGE	0 00	X	ļ		ļ		<b> </b>			
(5) MERRICK MOSES	5 00									
MEMBER-AT-LARGE	0 00	Х								
(6) ANTHONY MCCARTHY	5 00									
MEMBER-AT-LARGE	0 00	Х								
(7) VANNA BELTON	5 00									
V PRESIDENT	0 00	X		Х	L					
(8) CHRIS WEIS	5 00									
PARLIAMENTARIAN	0 00	X		X						
<u>(a)</u>										
(10)					_					
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	box	unles er an	Pos neck sspe	rson irecte	than on the than of the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the than the the than the than the the than the the than the the the the the the the the the than the the the the the the the the the the	an ee)	(D) Reportable compensation from	(E) Reporta compensa from rela	ation	(F Estim amou oth	ated int of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	comper from organi and re organiz	nsation the zation elated
(15)													
(16)													
(17)				-									
(18)						-							
(19)					_		. <u>.</u>						
(20)													
(21)				_									
(22)													
					$\vdash$							-	
					-								
(25)													
1b c	Sub-total  Total from continuation sheets to Part VII, S		L,	<u> </u>	<u> </u>		<u>!</u> .	<b>&gt;</b>	0		0		C
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but not line reportable compensation from the organization						rece	vec	<u> </u>	),000 of		··	
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-		loye	e, c	or hig	hes	t compensated			3	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									h		4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Y									ıdual .		5	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compecompensation from the organization. Report coyear											ax	<u>.</u>
	(A) Name and business add	ress		-					(B) Description of ser	vices	С	(C) ompensat	ion
									-				0
		<del></del>							····				C
	Total number of independent contractors (inclu	ding but not limit	ted to	tho	ا مو	icto	d aba	)//e/	who received				C
2	more than \$100,000 of compensation from the	-	led to	i i i i i	o <del>c</del> I	1316	u abc	, v <del>c</del> )	WITH TECEIVED			*	in S

Part VIII Statement of Revenue

		Check if Schedule O contains	a response or r	note to any line in	this Part VIII	,		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, gran		0 0 0 0 370,837				
Contributi and Other	g h	similar amounts not included about Noncash contributions included in I	ove 1f	0 ▶	477,999			
Program Service Revenue	2a b c	PROGRAM SERVICE REVENU	E	Business Code	22,261			
Program Sei	d e f a	All other program service revenu	  ie	<b>•</b>	0 0 0 22,261			
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-e Royalties		. ▶	0			
	6a b c d 7a	Gross rents Less rental expenses. Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(II) Other	. 0			
	b c d	assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	0	0	0	<b>1</b> 1		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	1c) a	221,419				. 1
Other	c 9a	Less direct expenses.  Net income or (loss) from fundra Gross income from gaming activ See Part IV, line 19 Less direct expenses	_	127,628 . • • • • • • • • • • • • • • • • • • •	93,791			
	10a	Net income or (loss) from gamin Gross sales of inventory, less returns and allowances Less cost of goods sold	. a	. •	0			ا ا
	С	Net income or (loss) from sales of Miscellaneous Revenue MISCELLANEOUS INCOME		. Business Code	1,741			
	b c d e	All other revenue			0 0 0 1,741			
	42	Total revenue See instructions		<b>.</b>	505 702	^	1 ^	ι Λ

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			ompiete column (A)	<u> </u>
·	Check if Schedule O contains a response or note	<del>-</del> -	(B)	(C)	· (D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,	7. 4
	domestic governments See Part IV, line 21	59,504	59,504	~ *	10
2	Grants and other assistance to domestic				, , , , , , , , , , , , , , , , , , ,
	individuals See Part IV, line 22 .	0			_ , , , , ,
3	Grants and other assistance to foreign			,	
	organizations, foreign governments, and foreign			•	
	individuals. See Part IV, lines 15 and 16	0			g garage
4	Benefits paid to or for members .	0	<u></u>		
5	Compensation of current officers, directors,			_	
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		10.110	
7	Other salaries and wages	249,889	236,470	13,419	
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	14,577	13,794	783	
10	Payroll taxes	24,946	23,606	1,340	
11	Fees for services (non-employees)	_			
а	Management	0			
b	Legal	0			
С	Accounting .	9,145		9,145	
d	Lobbying .	0	<del></del>		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	10.444	1044		
	(A) amount, list line 11g expenses on Schedule O)	10,144		0	
12	Advertising and promotion	1,587	105		
13	Office expenses	20,148			
14	Information technology .	540		540	
15	Royalties .			4 014	
16	Occupancy	74,749		4,014 50	
17	Travel	671	621	30	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials .	0			<u></u>
19	Conferences, conventions, and meetings	0			
20	Interest	0	<del></del>		
21	Payments to affiliates .  Depreciation, depletion, and amortization	0		0	0
22	•	11,600		623	<del></del>
23	Insurance Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If	E	金銭 神中がある。	The same of the property	12 3 634 4 5 6 3 609 6 6 1 1 1
	line 24e amount exceeds 10% of line 25, column	A Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secretary of the Secr	AND THE RESERVE	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7 3
	(A) amount, list line 24e expenses on Schedule O)	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		Artist may 1. The	
а	(A) amount, fist fine 24c expenses on concedure o				
a h	PROGRAM EXPENSES	128	128		
٠ ٢	UTILITIES	6,274	· · · · · · · · · · · · · · · · · · ·	337	
4	EQUIPMENT LEASE	3,143			
e	All other expenses MISCELLANEOUS	6,237	<del></del>		648
25	Total functional expenses. Add lines 1 through 24e	493,282	<del> </del>		1,238
26	Joint costs. Complete this line only if the	100,202		,351	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

**Balance Sheet** 

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 127,058 204.019 Cash---non-interest-bearing 1 2 0 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 70 13.368 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 6 organizations (see instructions). Complete Part II of Schedule L 7 0 0 Notes and loans receivable, net 0 8 Inventories for sale or use . 0 9 9 Prepaid expenses and deferred charges. Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 0 10c 10b Less accumulated depreciation 0 0 11 Investments—publicly traded securities 11 0 12 0 12 Investments-other securities. See Part IV, line 11 13 0 13 Investments-program-related See Part IV, line 11 0 0 14 0. 14 Intangible assets 15 Other assets See Part IV, line 11 6,251 6,251 15 133,379 16 223,638 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 41,843 17 Accounts payable and accrued expenses 18 0 18 Grants payable 19 ol 19 Deferred revenue 0 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 0 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 0 23 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 41,843 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. **^ 27** 27 Unrestricted net assets 0 0 28 28 Temporarily restricted net assets 0 29 Permanently restricted net assets 29 X and Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. 0 30 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund 31 91,536 32 194.046 Retained earnings, endowment, accumulated income, or other funds 32 91,536 194,046 Total net assets or fund balances 33 33 133,379 34 223,638 Total liabilities and net assets/fund balances

Form	990 (2017) GAY & LESBIAN COMMUNITY CEN OF BALTIMORE		<u>2-1112541</u>	Pag	ge <b>12</b>
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		595	5,792
2	Total expenses (must equal Part IX, column (A), line 25).	2		493	3,282
3	Revenue less expenses Subtract line 2 from line 1	3		102	2,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91	1,536
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		194	1,046
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990		_   1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1 }
_	Schedule O				اا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1 . 1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		,  ,	, ,	
	separate basis, consolidated basis, or both		1 L	ار ا ا	
	Separate basis Consolidated basis Both consolidated and separate basis			7, 1	;
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	~ ]	i
	Schedule O				<u>ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ</u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				l
	the Single Audit Act and OMB Circular A-133?		3a		<b></b> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits		26		

Form **990** (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

GAY	& L	ESBIAN COMMUNITY CEN O	F BALTIMORE		_		52-11	112541
Par		Reason for Public Char						
	orga	anization is not a private foundat						0
1	님	A church, convention of church	· ·				(A)(I).	17-1
2	H	A school described in section					:\	()
3	님	A hospital or a cooperative hos	•				•	
4	Ш —	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X	An organization that normally r described in section 170(b)(1)			om a gove	rnmental	unit or from the gene	eral public
8		A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II)			
9		An agricultural research organi or university or a non-land-gran university						
10		An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	ns, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusive	ly to test for public safe	ety. See s	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 50	9(a)(1) or	section 5	09(a)(2). See sectio	n 509(a)(3).
а	[	Type I. A supporting organization (sorganization You must cor	zation operated, sup s) the power to regu	ervised, or controlled l	by its supp	orted org	anization(s), typically	y by giving
b	[	Type II. A supporting organic control or management of the organization(s) You must o	zation supervised one supporting organi	r controlled in connect ization vested in the sa				
C	[	Type III functionally integr	ated. A supporting	organization operated i	in connec	tion with, a	and functionally integ	grated with,
	r	its supported organization(s						
d	Į	Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sat	isfy a disti	ibution re	quirement and an at	
е	[	Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination froi	m the IRS	that it is a		e III
f		Enter the number of supported	-					
<u>g</u>	_	Provide the following information			I down to the co		163 4	1 ( ) ( ) ( )
	(1)	Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
<del></del> .				···		<del></del>		
(C)								
(D)								
(E)								
Tota								

Schepule A (Form 990 of 990-EZ) 201.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	238,396	302,810	270,235	498,580	477,999	1,788,020
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	238,396	302,810	270,235	498,580	477,999	1,788,020
5	The portion of total contributions by each person (other than a				•		, ,
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	·	,		•		
	shown on line 11, column (f)						159,949
6	Public support. Subtract line 5 from line 4		, 1	·		,	1,628,071
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(f) Total
7	Amounts from line 4	238,396	302,810	270,235	498,580	477,999	1,788,020
8	Gross income from interest, dividends, payments received on securities loans,						
0	rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						Q
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	85,744	10,017		962	117,793	214,516
11		65,744	10,017	, ,	902	117,795	2,002,536
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here		second, third, fourth		is a section 501(c)	(3)	▶
Sec	tion C. Computation of Public Su	pport Percenta	age				
14 15	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Sched	column (f) divided b	y line 11, column (	f))		14 15	81 30% 80 93%
	33 1/3% support test—2017. If the organization qualifies as	s a publicly support	ted organization				► X
	33 1/3% support test—2016. If the organization qualification and stop here. The organization qualification are stop here.	es as a publicly sur	ported organization	ก		•	▶ [
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization	ts the "facts-and-ci	rcumstances" test,	check this box and	i stop here. Expla	ın ın	▶ 🗆
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization or Explain in Part VI how the organization mee supported organization	neets the "facts-and	l-circumstances" te	est, check this box	and stop here.		. ▶
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ [

Part III	Support Schee	dule for Organiz	ations Described in	n Section	509(a)(2)

	· / · /
(Complete only if you checked the box on line 10 of Part I or if the	e organization failed to qualify under Part JI
If the organization fails to qualify under the tests listed below, pla	ase complete Part II \

900	ction A. Public Support	ially under the	tests listed ben	Jw, piease con	piete i ait ii.)		
		(a) 2012	(b) 2014	(a) 2015	(d) 2016	(e) 201,7	(f) Total
	industry out to all your wognithing my	(a) 2013	<b>(b)</b> 2014	(c) 2015	(u) 2016	( <del>e</del> ) 201,7	(i) Total
1	Gifts, grants, contributions, and membership fees						0
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise					<del></del>	
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					<b>_</b>	_
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	[					
	its behalf .				/		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	/ 0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified		,	/			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year .	<u> </u>					0
С	Add lines 7a and 7b.	0	/ 0	0	0	0	0
8	Public support (Subtract line 7c from	المراجعين فأباها		1,	المراجع المراجع	Tr. 1	
	line 6 )	1	/ .		1 1 1 1 1 1	1 1	0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	/ <b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .	0,	<u></u>	0	0	0	0
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,						
	royalties, and income from similar sources			·			0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b .	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	ſ					
	or not the business is regularly carried on						0
12	Other income Do not include gain or	]					
	loss from the sale of capital assets			1			
	loss from the sale of capital assets					t e	
	(Explain in Part VI )						0
13	·						0
13	(Explain in Part VI )  Total support. (Add lines 9, 10c, 11, and 12 )	0	0	0	0	0	
13 14	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o					<del></del>	0
14	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	second, third, fourth			<del></del>	
14	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o organization, check this box and stop here ction C, Computation of Public Su	rganization's first, s	second, third, fourth age	n, or fifth tax year a		3)	▶
14	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form/990 is for the o organization, check this box and stop here stion C. Computation of Public Support perceptage for 2017 (line 8, c	rganization's first, s  pport Percents  column (f) divided b	second, third, fourth . age y line 13, column (	n, or fifth tax year a		15	
14 Sec 15 16	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, computer support percentage from 2016 Sched	rganization's first, s  pport Percenta  column (f) divided b  ule A, Part III, line	second, third, fourth . age y line 13, column (	n, or fifth tax year a		3)	0 00%
14 Sec 15 16	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, computer support percentage from 2016 Sched ction D. Computation of Investmen	pport Percenta column (f) divided b ule A, Part III, line nt Income Perc	second, third, fourth . age y line 13, column ( 15 centage	n, or fifth tax year a		15 16	0 ▶ □ 0 00% 0 00%
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14 Sec 15 16 Sec 17 18	(Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the o organization, check this box and stop here ction C. Computation of Public Support percentage for 2017 (line 8, computer support percentage from 2016 Sched tion D. Computation of Investment income percentage from 2017 (line Investment income percentage from 2016 Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched Sched	pport Percents column (f) divided b ule A, Part III, line nt Income Perce e 10c, column (f) di chedule A, Part III,	second, third, fourth . age y line 13, column ( 15 centage vided by line 13, co	n, or fifth tax year a	s a section 501(c)(	15 16 17 18	0 0 00% 0 00% 0 00%
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (II) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

1		Yes	No
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	 10b		

Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		١.	.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<b> </b> -
	below, the governing body of a supported organization?	11a	-	├—
b	A family member of a person described in (a) above?	11b	├	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	<u> </u>
Secti	ion B. Type I Supporting Organizations		Yes	No
4	Did the direction by the power by the power of the power of the power to	<del></del>	res	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	ĺ	İ.	] ,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		<del></del>
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	├-	_	├─
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l	,	- :
	supervised, or controlled the supporting organization			<del></del>
Secti	ion C. Type II Supporting Organizations		L	1
Secti	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	100
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		ŀ	ł
	or management of the supporting organization was vested in the same persons that controlled or managed	,	· . '	ζ-
	the supported organization(s)	1	<del></del> -	
Secti	ion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7 17 -	7	1. 1.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		7.	- :
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ľ	١,	-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		**:	١,,,,,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>	٠. 	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	3
	significant voice in the organization's investment policies and in directing the use of the organization's	·	١.	٤ .
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	·	, ` 	
	supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see i	netriii	ctions	٠,
		130140		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l.		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	,	·" :
	those supported organizations and explain how these activities directly furthered their exempt purposes,		,	1
	how the organization was responsive to those supported organizations, and how the organization determined			100 10
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	, ,	H .
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	.	١,	17.7
	reasons for the organization's position that its supported organization(s) would have engaged in these		<b></b>	
•	activities but for the organization's involvement	2b		<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1, 10
•	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	nızatıc	ons must complete Sections	A through E
Section A - Adjusted Net Income	i	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	· `	· " · " · " · " · " · " · ·	, a
instructions for short tax year or assets held for part of year)	1	-	· · · · · · · · · · · · · · · · · · ·
Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	1	٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠ ١٠	200 10
factors (explain in detail in Part VI)	· .		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	11		
see instructions)	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4	,	0
5 Income tax imposed in prior year	5	•	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting o	organization (see
instructions)			- •

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)					
Section	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	empt purposes						
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	1					
<del>,</del>	organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
	Other distributions (describe in Part VI) See instructions.		· · · · · · · · · · · · · · · · · · ·					
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6			0				
10	Line 8 amount divided by line 9 amount	· -	<del></del>	0.000				
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
_1_	Distributable amount for 2017 from Section C, line 6			0				
	Underdistributions, if any, for years prior to 2017							
2	(reasonable cause required—explain in Part VI). See							
	instructions		<u> </u>	·				
3	Excess distributions carryover, if any, to 2017							
a	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
b	From 2013 . 0			· · · · · · · · · · · · · · · · · · ·				
C	From 2014 . 0		<u> </u>					
<u>d</u>	From 2015 . 0	·						
	From 20160		•					
	Total of lines 3a through e	0		·				
	Applied to underdistributions of prior years	<u> </u>	0					
_ <u>h</u>	Applied to 2017 distributable amount			0				
_ <u>   i                                 </u>	Carryover from 2012 not applied (see instructions)		·	· · · · · · · · · · · · · · · · · · ·				
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.	0	<del>-</del>	·				
4	Distributions for 2017 from			, ,				
	Section D, line 7 \$ 0			· · · · · · · · · · · · · · · · · · ·				
a	Applied to underdistributions of prior years		0					
	Applied to 2017 distributable amount			0				
	Remainder. Subtract lines 4a and 4b from 4	0						
5	Remaining underdistributions for years prior to 2017, if			;' •				
	any Subtract lines 3g and 4a from line 2 For result			•				
	greater than zero, explain in Part VI See instructions	ļ	0					
6	Remaining underdistributions for 2017. Subtract lines 3h	}						
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions			0				
7	Excess distributions carryover to 2018. Add lines 3j			,				
_	and 4c	0						
8	Breakdown of line 7							
a	Excess from 2013 0							
b	Excess from 2014	<del></del>		,				
С	Excess from 2015 0	<del></del>						
d	Excess from 2016 . 0	<del>                                     </del>		,				
е	Excess from 2017 0		_					

•	
Schedule A (Fo	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part II Sect	ion B Line 10 MISCELLANEOUS INCOME \$1741, PRIDE FUNDRAISING EVENT INCOME
\$93791, AN	ND PROGRAM SERVICE INCOME \$22261
	·
	·

#### SCHEDULE G (Form 990 or 990-EZ)

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#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www irs.gov/Form990 for the latest instructions

	LESBIAN COMMUNITY CEN OF E	BALTIMORE				52-111	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17							
1	Form 990-EZ filers are not required to complete this part						
	Indicate whether the organization raised funds through any of the following activities. Check all that apply  Mail solicitations  e Solicitation of non-government grants						
a							
þ	Internet and email solicitations  f Solicitation of government grants						
С	Phone solicitations g X Special fundraising events						
d	In-person solicitations						
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes X No						
b							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2							
3					0	0	0
4			+		0	0	0
	- A			-	0	0	0
5					0	0	0
6					0	o	0
7					0	0	0
8		<u>.                                    </u>					
9		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	0	0	0
10					0	0	0
		<u> </u>			0	0	0
Total							
3	List all states in which the organization or licensing	ion is registere	d or license	d to solicit	contributions or has	been notified it is e	xempt from
MD							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through NONE PRIDE col (c)) (total number) (event type) (event type) Revenue 221,419 221,419 Gross receipts 0 Less Contributions. Gross income (line 1 221,419 minus line 2) 221,419 Cash prizes 0 Noncash prizes . Direct Expenses 3,143 3,143 Rent/facility costs Food and beverages 20,325 Entertainment. 20,325 104,160 104,160 Other direct expenses Direct expense summary Add lines 4 through 9 in column (d). 127,628) Net income summary. Subtract line 10 from line 3, column (d) 93.791 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 0 Gross revenue Direct Expenses 0 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes % No Volunteer labor. No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes If "Yes," explain

Sched	ale G (Form 990 or 990-EZ) 2017 GAY & LESBIAN COMMUNITY CEN OF BALTIMORE	52-1112541 Page 3
11	Does the organization conduct gaming activities with nonmembers? .	. 🔲 Yes 🔲 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books	
	and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\\$ \$ 0 and the	
	amount of gaming revenue retained by the third party > \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation > \$0	
	Description of services provided	
	□ Director/officer   □ Employee   □ Independent contractor	
17	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year   \$	0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions	<del></del>
	••••••	

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

			Complete if the org	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	es" on Form 990, Part	IV, line 21 or 22.		
Language of the Treasury				► Attach to Form 990.	orm 990.			Open to Public
ntemal Revenue Service			► Go to	► Go to www.irs.gov/Form990 for the latest information.	or the latest information	on.		Inspection
lame of the organization							Employer identification number	cation number
3AY & LESBIAN COMMUNITY CEN OF BALTIMORE	IITY CEN OF E	3ALTIMO!	RE				55	52-1112541
Part I General Info	rmation on C	3rants a	General Information on Grants and Assistance					
<ol> <li>Does the organization</li> </ol>	maintain recoi	rds to sub	stantiate the amour	nt of the grants or assis	stance, the grantees' e	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	
the selection criteria used to award the grants or assistance?.	used to award ti	he grants	or assistance?.					X Yes No
2 Describe in Part IV th	e organization's	s procedu	ires for monitoring ti	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	n the United States			
Part II Grants and (	Other Assista	ance to	Domestic Orgar	izations and Dome	estic Governments	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	janization answere	d "Yes" on Form
990, Part IV,	line 21, for ar	y recipit	ent that received	more than \$5,000. F	art II can be duplic	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice is needed.	
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) BLACK MEN'S XCHANGE								REDUCE THE
322 GUILFORD AVE, STE 146 BALTII		27-2330266	501(C)(3)	59,504		FMV		HIV/AIDS INCIDENTS
2)								
3)								
4)								
5)								
(9		<del></del>						

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Page 2

GAY & LESBIAN COMMUNITY CEN. OF BALTIMORE

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GAY & LESBIAN COMMUNITY CEN OF BALTIMORE		52-1112541
Form 990, Part VI, Section B, Line 11B FORM 990 IS REVIEWED BY EXECUTIVE DIF	RECTOR	
Form 990, Part VI, Section C, Line 19 AVAILABLE UPON REQUEST		
Form 990, Part IX, Line 11G CONTRACTOR LABOR OF \$10144 FOR PROGRAM SE	RVICES.	
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Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
GAY & LESBIAN COMMUNITY CEN OF BALTIMORE	52-1112541
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